

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	REPORT ON REVIEW OF GUARDIANSHIP OF LEGALLY INCAPACITATED INDIVIDUAL	FILE NO.
---	---	----------

In the matter of _____, a legally incapacitated individual

1. I have reviewed this guardianship.

☐ 2. I visited the individual on _____ at _____.
Date Location

☐ 3. I was not able to visit the legally incapacitated individual because: _____

4. I report to the court as follows:

5. I recommend ☐ the guardianship be continued.
☐ this matter be set for hearing and an attorney be appointed for the legally incapacitated individual.

Date _____

Signature _____

Address

Name (type or print) _____

City, state, zip

Telephone no.

Do not write below this line - For court use only